

AGENCY NAME

CASH RECEIPTS JOURNAL VOUCHER

DOCUMENT ID:

COMPANY:

Page ____ of ____

APPLICATION CODE:

GL EFFECTIVE DATE:

Deposit No.: _____

ACCOUNTING RULE

DATA TYPE CODE:

CLOSED PERIOD:

Deposit Date: _____

LINE NO.	ACCOUNT	CENTER	AMOUNT	DR-10 CR-60	LINE DESCRIPTION (PAYOR/VENDOR NAME)	CHECK NO.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

Comments: _____

\$

\$

TOTAL DEBITS

TOTAL CREDITS

Prepared by: _____
Approved by: _____
Entered by: _____